

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

May 30, 2013

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

RE: TN 13-04

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 13-04. This amendment with an effective date of January 1, 2013 proposes to increase the primary care service payment for physicians.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. This is to inform you that New York 13-04 is approved effective January 1, 2013.

Enclosed are copies of SPA #13-04 and the HCFA-179 form, as approved.

As we are working in partnership to implement this important provision, we would greatly appreciate if you can inform us when your state begins to pay the increased rates to your providers. Additionally, to the extent you have information regarding the number of providers receiving the enhanced payments; we would appreciate that information as well.

If you have any questions, please call Patricia Vasquez at 212-616-2470 or call Rob Weaver at 410-786-5914.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Melendez". The signature is fluid and cursive, with a large, stylized "M" and "J".

Michael J. Melendez
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures: SPA #13-04
HCFA-179 Form

cc: J. Ulberg
M. Hance
S. Jew
K. Knuth
P. Mossman
L. Tavener
P. Vasquez
R. Weaver